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LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

VOICES OF UNDER-REPRESENTED ETHNIC POPULATION COMMUNITIES IN LOS ANGELES COUNTY ON WELLNESS, RESILIENCE AND RECOVERY

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Message from Dr. Marvin J. Southard Director, Los Angeles County Department of Mental Health

I am energized by the ideas and the strategies contained in this report. Issues related to differences in cultural meaning and interpretations have preoccupied me from a very early age, being that my mother is Mexican and my father is of English and German decent. The topic of culturally relevant treatment was also a major research interest for me in graduate school and its practical application in the communities of East Los Angeles dominated the first decade of my clinical practice. The insights could not have come at a better time. We are in the process of re-inventing the public mental health system in California under the pressures of budget restrictions and the transformational opportunities afforded by the Mental Health Services Act (MHSA). We hope to design a system of care for individuals and families affected by mental illness that provides for diversity explicitly and consciously.

Los Angeles County Department of Mental Health (LACDMH) recognizes with individuals and communities that the key to enlightened treatment is through positive relationships that build over time. LACDMH is committed to learning from the lessons provided by communities during this process as we move forward with the implementation of the Prevention and Early Intervention and the Innovation components of the MHSA. We expect that respectful learning from underrepresented communities will allow us to find ways of attending to the diversity of Los Angeles County in real and concrete ways and not merely as a hopeful aspiration.

The ethnic complexity of Los Angeles County, which includes numerous ethnic populations and unique language needs, presents a special challenge in providing mental health services in a culturally competent manner. Efforts to create hope, wellness and recovery in the provision of services, whether we are talking about prevention, early intervention, supportive or intensive services, must be provided by partnering with clients, families and communities. This report represents the continued commitment of the LACDMH to listen to the voices that enrich our communities, increase our partnerships, and ensure better outcomes for all.

Marvin J. Southard, D.S.W.

Director of Mental Health

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Introduction and Summary

When the Mental Health Services Act (MHSA) was passed by voters in 2004, new funding became available to support the transformation of the public mental health system in California. To help foster this transformation, the Act promotes core values and goals such as recovery, resilience, wellness and cultural competence. The Act also calls for improved access for underserved populations.

In its commitment to cultural competence and better access for underserved ethnic populations, the Los Angeles County Department of Mental Health (LACDMH) believes it is essential to collaborate with under-represented ethnic community members to examine and enhance the cultural relevance of its programs. Collaboration helps to address and minimize the undesired consequences of programs that are an inadequate match to the needs of the communities they serve. MHSA services that are a good fit for individuals and families from underserved populations could lead to higher utilization of these services and a lower dropout rate for these populations. Programs that are a poor fit could translate into a failure to address disparities in access and might even contribute to an increase in disparities as new, but still inappropriate services are implemented. Collaborating with community members is vital to LACDMH efforts to implement MHSA services that are relevant and valuable to the communities served and reduce disparities in access and outcomes.

To help ensure the suitability of MHSA programming for diverse ethnic populations, LACDMH set out to examine the cultural relevance of three core MHSA program concepts: wellness, resilience and recovery. LACDMH consulted with representatives of ethnic communities to review and, as necessary, rewrite the definitions of these concepts for their communities. This report outlines the process followed in this effort and presents findings, lessons learned and recommendations so they are available to support planning and delivery of culturally relevant services.

Collaboration and contribution to this endeavor included representatives from communities in each of the five population groups that LACDMH convenes for planning, program development and implementation. Los Angeles County has categorized its diverse ethnic populations into five broad groups generally referred to as Under-Represented Ethnic Populations (UREPs). The five UREPs are: African/African-American,

American Indian/Alaska Native, Asian/Pacific Islander, Eastern European/Middle Eastern, and Latino. Representatives of communities in each UREP participated in interviews and focus groups, providing their perspectives on the key concepts and on how to support the health of community members. Thirteen community representatives from all five UREPs provided initial perspectives on the project goals, scope, and process. Fourteen UREP community members representing all five UREPs participated in interviews. There were two focus groups per each UREP, one for adults and older adults and one for children and families. Eight UREP community members facilitated the focus groups. A total of 96 UREP community members participated in the focus groups.

The information provided by UREP representatives led to the development of culturally congruent constructions of the three concepts for each UREP. These culturally relevant definitions of the three terms are listed in the appendices and will be used to inform curriculum and program development, workforce training, development and translation of materials, and outreach and engagement efforts that build ongoing relationships with UREP communities.

Key findings were as follows:

- There is sufficient shared understanding (commonality) of the concepts of wellness, resilience and recovery across ethnic populations within a UREP to support some generalization as a starting point in the development of effective services.
- There is also variation in the conceptualization of wellness, resilience and recovery across ethnic populations and also across individuals and families within ethnic populations. To be relevant and effective, services must be tailored to respond to the variability in individual, family and community constructions of these concepts.
- Community members want services that better correspond to their conceptualizations of wellness, resilience and recovery.
- Culturally congruent conceptualizations of wellness, resilience and recovery offer critical insight into the types of prevention, early intervention, treatment and recovery services that would be relevant for particular communities.

The following sections present an overview of the process that led to these findings, lessons learned and specific recommendations for improving the relevance of services to the individuals, families and communities served.

Process for Developing Culturally Congruent Terms

Over the course of the development of the culturally congruent constructions of wellness, resilience and recovery, LACDMH sought input and guidance from community members from each of the five UREPs. These engagement activities were in alignment with recommendations provided in the recently released report of the UC Davis Center for Reducing Health Disparities (CRHD), "Building Partnerships: Key Considerations When Engaging Communities Under MHSA" (Aguilar-Gaxiola, et al., 2008).

One principle for engagement that LACDMH implemented was to seek early and continuous community engagement, encouraging cooperation by clarifying the purpose of the engagement activity and collaboratively developing a culturally appropriate process. UREP representatives were consulted early to ensure that project aims, methodology and procedures were appropriate and reflected community goals. UREP representatives reviewed the proposed project and provided feedback collectively as a group as well as separately for each UREP.

LACDMH then conducted interviews with community members (community experts) from each UREP to gain insights on the relevance of definitions of wellness, recovery and resilience and to identify modifications of these terms to achieve greater cultural congruence. Since the State has not specified definitions that are to be used consistently in the implementation of the MHSA throughout California, representative definitions of these terms were selected for this process.

The specific definitions provided to the interviewees and the sources of these definitions are:

Wellness

"Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one's role expectations in the family, community, place of worship, workplace and other settings."

– World Health Organization

Resilience

"The enduring ability of someone to recover from assaults to their person, whether physical, mental or emotional and, in the midst of that, maintain a sense of spirit and hope."

– Definition shared by several California counties

Recovery

"Recovery is an organizing principle for mental health services, programs, and supports that is based on consumer values of hope, choice, respect, cultural sensitivity, achieving meaningful roles, self-determination, acceptance, and healing. Mental health research has shown that people can and do fully recover, even from the most severe forms of mental illnesses. For recovery to take place, the culture of mental health care must shift to one that is based on self-determination and partnership of mental health clients in the system of care itself and community life including meaningful activity and gainful employment."

– LA County Department of Mental Health recovery model policy

The community experts received the interview questions and definitions of the terms prior to their interviews to help ensure they all had the same definitions to respond to and time to review them. Their responses to these definitions were analyzed and used to arrive at a preliminary definition of the terms for each UREP. These preliminary definitions were then verified and refined by community members acting as cultural brokers, providing their input in focus groups. The cultural brokers who participated in each focus group represented a selection from each UREP. Limitations on the scope and funding of this project did not allow for a representative sample from each distinct sub-population within each UREP.

Trusted community members were enlisted and trained to facilitate two focus groups for cultural brokers from each UREP—one for children and families and the other for adults and older adults (a total of ten focus groups). In order to avoid bias, both age groups were asked to discuss the three core concepts even though in California's county mental health system the term "recovery" is typically applied to adults and "resilience" to children and youth. The use of trusted community members to facilitate the focus groups was a key recommendation of the community representatives who provided input on project methodology.

Focus group responses were analyzed and used to develop culturally congruent definitions of the three terms for each UREP and age group. Community members contributing as experts, brokers, facilitators and scribes were compensated for their time.

Lessons Learned

Input from UREP representatives throughout the project yielded valuable lessons that should inform future outreach and engagement activities with their communities as well as program development. The lessons learned are discussed below by topic and summarized in Appendix 1.

Engagement

- **Each UREP has a unique history and a unique view of mental health that must be taken into account.**

Ethnic communities in LA County have unique histories, distinct views on mental health and a unique experience with the mental health system. Some Eastern European and Middle Eastern representatives, for example, indicated that their communities in LA have had minimal exposure to public discussions about mental health. They thought some community members would be interested in learning more about mental health services provided by LACDMH because of their lack of familiarity with these services. They recommended paying particular attention to this dynamic when communicating with their communities about mental health related issues. Other representatives from this UREP added that it would be best to focus discussions on mental health instead of on mental illness because of stigma associated with mental illness in their communities.

American Indian communities have a shared history that leads to different considerations for outreach and the provision of mental health prevention and treatment and recovery services. American Indian representatives pointed out that building trust is very important when working with their community members and that it is challenging to earn their trust because of their group history. One representative, for example, indicated that American Indians have experienced a lack of respect for their spiritual practices and traditions and have faced barriers to engaging in their spirituality in the healing process. This lack of respect and the challenges that come from bridging entirely different understandings of spirituality are part of what makes it hard for American Indian families to use mental health services. Paying particular attention to being respectful and earning their trust is vital to partnering with these communities.

Community representatives were essential to developing an understanding of the unique history of a community and its perspectives and experiences with mental health. It was important to collaborate with community representatives to develop these understandings before embarking in broader outreach and engagement activities.

- **Distinct populations should be addressed separately.**

Each UREP grouping used by LACDMH addresses distinct populations in the county and also includes distinct sub-populations. Representatives indicated that there would be challenges in outreaching to people divided by national origin, language, immigration experiences, cultural diversity, and spiritual and religious differences. Feedback from UREP representatives was more specific about needs when solicited in separate meetings with representatives from each UREP than it was in a meeting with all the UREP representatives together. Furthermore, representatives of the Asian/Pacific Islander UREP and the Eastern European/Middle Eastern UREP explained that members of some communities within the same UREP would not be comfortable or able to communicate freely in the presence of members of other communities in the same UREP due to historical tensions or conflicts. An American Indian representative indicated that their community in Los Angeles is so diverse, with over 125 different tribes, that it would be hard to generalize about what would work best for this population.

Engaging each UREP group separately rather than all racial and ethnic populations simultaneously through the same engagement activities helped to address some of these challenges. Engaging distinct sub-populations of each UREP, to the extent allowed by available resources, would also be helpful since UREP cultural groupings encompass very diverse populations.

- **Communities are developing participation fatigue because they have been asked to provide their perspective in multiple forums and may not have seen any tangible results.**

Some communities have developed participation fatigue and community members are not inclined to participate in county outreach and engagement activities. American Indian representatives, for example, pointed out that their community has been asked for input while receiving minimal benefits and seeing few changes in county practice. This history contributes to a lack of trust and interest in participating in county outreach activities. African-American and Latino representatives also indicated that their community members question the value of participating in more outreach activities when this participation does not seem to have much of an impact.

When soliciting input, it is important to be as clear as possible about process, timelines, and what communities can expect as a result of their participation. It helps to develop and communicate a clear plan for how the information gathered will be disseminated and then acted upon and utilized.

Conducting Focus Groups

- **Focus group facilitators should be respected community members. Focus groups should follow community-appropriate protocols for meetings.**

Some representatives indicated that their communities are accustomed to certain practices in holding meetings, such as having community meetings led by elders and other respected community members. Choosing focus group facilitators who are acknowledged, experienced and respected community leaders increases the comfort level of community members who participate and the cultural appropriateness of the focus groups. These facilitators are better able to conduct the meeting according to community norms and expectations around welcoming, starting the meeting, communication during the meeting, and closing.

Intentionally seeking to make a focus group culturally appropriate and partnering with trusted community members as facilitators foster community participation.

- **A context must be established for focus groups - participants need to know the purpose, anticipated outcomes and how they might benefit from focus group participation.**

UREP representatives pointed out that community members need to know the context and terms of their participation when they are invited to participate. For example, Latino representatives recommended that the focus groups occur in the context of neighborhood chats, or platicas and American Indian representatives recommended using a process known as talking circles.

Participants will likely be more interested in participating in a focus group if they know the purpose and context of these meetings as well as potential outcomes and benefits.

- **The relationship needs to be reciprocal – something has to be offered to participants in exchange for their time and effort.**

All representatives recommended that community members would appreciate coming together around food. In addition to food, representatives recommended taking care of other participant

needs such as parking, child care, and reimbursement for travel costs. They recommended scheduling the focus group at a convenient time and location and offering participants some compensation for their time. Representatives also recommended that LACDMH maintain communication about the project and project outcomes with participants after the focus groups have been completed.

Focus groups are an opportunity to engage in an ongoing relationship with a community. Paying attention to reciprocity is important in fostering continuity instead of one-time encounters that might end in disappointment.

Culturally Relevant Definitions of Wellness, Resilience and Recovery

- **Members of ethnic communities indicate some commonalities in their conceptualizations of wellness, resilience and recovery.**

The definitions derived from interviews with cultural experts and focus groups share some common features across UREPs and with definitions used by county mental health services (see Appendix 3 for preliminary definitions of these terms derived from the interviews and Appendix 4 for definitions refined in the focus groups). For example, twelve out of the fifteen UREP definitions of wellness mention family as an important domain. The definition of wellness developed by the World Health Organization also includes family as a domain. The definition of resilience used by counties includes "hope" as a key component. Eleven of the definitions developed from the interviews and focus groups share this component.

These findings indicate that it is possible to develop some general definitions or core elements that are widely applicable to some extent, at least as a starting point for further development of services tailored to individual, family and community needs.

- **Members of ethnic communities indicate that despite some commonalities, their concepts do differ from the definitions used by the mental health system.**

Despite some commonalities, there are also significant areas of variance in the definitions of wellness, resilience and recovery. For example, the World Health Organization's definition of wellness addresses two "focal concerns", the realization of an individual's fullest potential in five domains, and the fulfillment of one's role expectations in various settings. Although most interviewees and focus group participants did

"Wellbeing within the Spanish speaking community would be more tied in with … wellness, more of a holistic approach, when [it is used] in conversation… it ties into family, extended family, your physical wellbeing, your mental wellbeing, it more refers to the quality of life in general."

– Latino focus group

"For us, we believe according to the old, old concept in our community, that wellness is a perfect marriage between your mind and your body. If you feel happy in yourself, this is the kind of wellness in our conception."

– Asian/Pacific Islander focus group

discuss wellness in terms of domains and settings, which life domains and settings were important varied among the UREPs. African/African-American, Eastern European/Middle Eastern, Asian/Pacific Islander and Latino representatives focused on education as an important domain for attaining one's potential and having wellness. This domain was not included in the World Health Organization's definition.

Definitions of recovery provide further examples of key differences between UREPs and the public mental health system. LACDMH's definition indicates that recovery is an approach to services that is driven by certain values. This definition also lists key conditions necessary for recovery. The UREP representatives defined recovery in terms of what it means to individuals, families, and their community—not what it means for the service delivery system. American Indian representatives, for example, indicated that recovery involves achieving balance in four domains: mental/emotional, physical, social and spiritual. Balance in these domains is core to this understanding of recovery. Latino representatives revealed a central and essential focus on an individual's ability to meaningfully contribute to family and community.

The LACDMH definition of recovery selected for this project demonstrates another key difference between UREP definitions and public mental health system definitions. The LACDMH definition emphasizes that the service system must focus on self-determination. American Indian/Alaska Native, Asian/Pacific Islander, Eastern European/Middle Eastern and Latino representatives indicated that community and family acceptance, support, and connection are fundamental to recovery. Community and family play an important role in an individual's health in these communities. The definitions for these UREPs suggest that when serving members of these communities, the system should focus on the family and the community as well as the individual.

Since there are variations in the construction of these concepts that can have significant implications for programming, it is important to confirm the relevance of these definitions to the community being served.

- **Each sub-population and even individuals in a UREP have their own construction of these concepts.**

Although it was possible to identify and develop definitions of the three terms for each UREP based on commonly shared values within the UREP, more refined definitions of these terms could have been developed for specific sub-populations and even individuals. Interviewees and focus group participants expressed variations in their conceptualization of these terms that reflect the distinct communities within each UREP as well as individual differences.

The African-American community and the African community, for example, have distinct experiences and histories that shape their views of wellness. An African representative indicated that for his community, wellness is impacted by high levels of stress related to unrealistic expectations in African immigrants for success in their new country. From this perspective, being able to accept what Africans face here and adopting the new culture are crucial components of wellness. An African-American representative indicated that wellness is impacted by a lack of adequate resources and opportunities. For this representative, a culturally relevant definition of wellness includes having access to sufficient resources and opportunities. This variability in understandings of wellness reflects the diversity within the UREP and highlights the value of customized constructions of these terms.

Another example of the differences between community representatives in the same UREP comes from one of the Eastern European/Middle Eastern focus groups. In their discussions about the terms it was clear that there were differences of opinion that were partly a reflection of differences between the sub-populations represented. For example, one representative said that she believed that formal education was not essential for wellness. Instead, this representative felt that learning skills and tools necessary to reach goals is important for wellness. Other representatives indicated that a good formal education is a key component of wellness for their particular community. Despite these differences between individuals and their communities, the whole group agreed that education should be included in the definition for their UREP as a sample domain of wellness: "…to reach personal goals such as financial security, education and life skills…." This definition encompasses the variation between sub-populations within the UREP.

So although general definitions can be developed for each UREP, these definitions can be refined further for each sub-population and for individuals and families to reflect the diversity within each UREP. General definitions should serve primarily as a starting point. Seeking a more specific meaning of these terms for sub-populations and for individuals and families being served is a key step in delivering client and family driven, culturally competent services.

- **Children and families have different constructions of wellness, resilience and recovery than adults and older adults.**

In planning the interviews and focus groups in consultation with community representatives, it became clear that it would be helpful to conduct separate focus groups for adults and older adults and for

"The institutions that are responsible for our spirituality in the community play a huge role in supporting families, keeping that structure there that families are empowering one another rather than competing with one another. And [wellness includes] creating a safe home and environment that actually teaches healthy living, including diet…. And job training and opportunity would make a huge difference."

– African/African-American focus group

children and families. The focus groups revealed that components of the definitions of the three terms were not equally relevant to the different age groups. A review of the definitions developed based on the two focus groups in each UREP reveals some similarities and some differences (see Appendix 4).

"I went back to my wife's reservation. They had built this big building … a wellness place ….It was a center where there was culture, there was spiritual things going on, there was wellness, the physical part. Everything that was connected with the four directions of the medicine wheel was all implemented in one building. I think that is traditional. That would be a typical village. … This is what I look at as wellness."

— American Indian/Alaska Native focus group

One area that revealed differences between children and families and adults within the same UREP was recovery. Community representatives who work in the field of mental health indicated that "recovery" as commonly used in mental health services does not apply well to children. However, participants were able to develop more culturally relevant and age appropriate definitions of recovery for children and families in their communities. For example, for the Latino UREP, the children and family definition of recovery identifies partnership with professional support as a key factor in recovery while the adult definition focuses on partnership with helpers in general. The American Indian/Alaska Native definitions of recovery for the two age groups, though similar, had some differences as well. The adult focus group developed a definition that included an emphasis on being able to "give back" as a key component of recovery. The ability to "give back" and what that might look like for children and youth did not surface as a core component of recovery for their age group.

Definitions of resilience and wellness provide additional examples of differences between the age groups within the same UREP. The Latino children and family definition of resilience includes mentors as a key element for resilience while the adult definition does not. The adult definition of wellness focuses on financial stability while the child and family definition does not. Likewise, the African/African-American adult definition of wellness includes having a job while the child and family definition does not.

Definitions of wellness, resilience and recovery can be developed for children and youth and for adults and older adults. These definitions share commonalities and also reflect differences between the age groups.

Recommendations

The study of culturally relevant and specific definitions of wellness, resilience and recovery among representatives of Los Angeles County's UREPs has yielded some important results. LACDMH has been able to describe culturally relevant definitions of wellness, resilience and recovery for each UREP and age group. Lessons learned from this process and the more relevant definitions of these terms will now be available to inform program and curriculum development, trainings, future outreach and engagement efforts, as well as ongoing relationship building.

Specific recommendations derived from the lessons learned are presented below and summarized in Appendix 2.

- **Recommendation: General definitions of wellness, resilience and recovery must be developed and customized at the individual, family and community levels to align with individual, family and community goals and values.**

Since there are some commonalities across all the definitions of each of these terms, a general definition for each term can be used as a starting point. The general definition could be targeted at the level of a UREP, a distinct population within a UREP, or even the county. But since there is variation at the level of UREPs, populations within UREPs, and individuals, the key is to recognize that a general definition is only a starting point that needs to be refined to meet the needs of sub-populations and families and individuals.

This recommendation is congruent with an often quoted observation from Murray and Kluckhohn's 1953 Personality in Nature, Society, and Culture:

"Every [person] is in certain respects like all other [people], like some other [people], like no other [person]."

Rather than using only one definition of a program concept without paying attention to variation, we recommend starting with elements that are shared in common while recognizing and looking for elements that are distinct among smaller subsets and those that are unique to the individual or family.

Definitions of resilience provide an example of how LACDMH could put this into practice. Most of the definitions of resilience, except the definition commonly used by counties, include family and community/social support as key factors. LACDMH could adopt a definition used

"In the Middle East, I know that what is connected with mental, what used to take care of that was extended family, which does not exist here anymore, especially people who come here do not come with their families, they are a small representative of their families. Therefore… if we can connect community with mental health, if we can bring them to understand that we are going to be your extended family, if they see, if they feel that you are kind of embracing them as their extended family would, …then it would be ok for them to come to you and say I need help."

– Eastern European/Middle Eastern focus group

"If it's a young person, someone will be encouraged to be part of the walk, you know, together, as like a partnership. That's very, very important in a Pacific Islander. It's like a support, support group kind of thing. Not stigmatized that the person has mental illness. It has to be integrated within the group, that they are not removed far away."

— Interview with Pacific Islander representative

at the county level that includes family and community support as key components of resilience since this is a widely shared element in all the UREP definitions. Endurance and dealing with hardship is a shared core element of resilience for Asians and Pacific Islanders for both age groups. So LACDMH could also adopt a definition of resilience specifically relevant to Asians and Pacific Islanders that focuses on endurance and the ability to deal with hardship. LACDMH could also choose to maintain the two distinct Asian/Pacific Islander definitions developed in this project and use them as a starting point for working with children and adults since these definitions reflect core concepts for each of these age groups.

The agency could also develop definitions that are more specific to sub-populations, like a Korean definition or a Native Hawaiian definition. Finally, when engaging with individuals and families, LACDMH staff could also develop a unique "definition" for each Asian/Pacific Islander individual or family served. This would consist of an individualized set of goals or values for the resilience-fostering services provided to that individual or family – constructing an individualized resilience plan that is culturally relevant.

- **Recommendation: Design prevention, early intervention and recovery services that are shaped by UREP-specific formulations of wellness, resilience and recovery.**

MHSA funding has helped promote wellness, resilience, recovery and cultural competence as transformational concepts leading to new types of services that seek to better meet the needs of communities. These concepts provide fundamental direction in the development and implementation of new prevention, early intervention and recovery services. Culturally congruent conceptualizations of wellness, resilience and recovery provide critical insight into the types of services that would be relevant for a particular community. Services built upon customized formulations of these core concepts would help ensure that services are appropriate for the individuals, families and communities receiving them.

When community members discuss their formulations of wellness, resilience and recovery, they share information that can help in the development and implementation of effective prevention, early intervention and recovery programs. For example, in one of the focus groups for American Indian/Alaska Natives, defining wellness led to the discussion of what an ideal wellness center would look like. The ideal wellness center would address all the core elements of wellness in one location and would offer services that enhance physical, mental and spiritual wellbeing. It would foster connection with the community

and with one's culture. It would provide employment assistance and support for sobriety. All of the programs would help foster faith in oneself. This wellness center would be a recovery service, but since community support is also a key element in American Indian definition of resilience, the center could also be a resource for prevention and early intervention activities.

An interview with a representative from the Pacific Islander community provides another example of how culturally congruent formulations can drive more culturally relevant MHSA programming. For the Asian/Pacific Islander UREP, spirituality is a key component of their definitions of wellness and resilience. The Pacific Islander representative recommended that LACDMH consider training religious leaders or designated members of the religious community on mental health issues. Training and collaboration with the faith community would build on existing community resources to promote wellness and foster resilience. This strategy could be an important part of a culturally relevant prevention program for Asian/Pacific Islander communities.

- **Recommendation: Use stakeholder input for data-driven program planning, implementation, and continuous quality improvement in partnership with the racial, ethnic, linguistic and culturally diverse communities served.**

Community input provides valuable data for program planning, implementation, and continuous quality improvement. The MHSA in general has fostered greater stakeholder involvement in program design. The Prevention and Early Intervention component of the MHSA specifically promotes assessing and relying on community resources for program implementation. As counties increasingly adopt continuous quality improvement methodologies, community input will also be an important source of information for data-driven program evaluation and improvement.

All of these activities require effective and continued outreach to members of racial, ethnic, linguistic and culturally diverse communities to ensure the relevance of mental health programming. Counties have found that conducting effective and inclusive stakeholder processes to shape programs is a challenging endeavor, particularly with regards to involvement of culturally diverse community members when these processes are not consistent with cultural practice and norms. Expanding the relationship with community members to partner with them in data-driven implementation and continuous quality improvement will present even greater challenges. These activities require lasting and effective relationships with a broad array of culturally diverse communities.

To build these relationships, counties need to address issues of reciprocity, culturally appropriate methodology and stakeholder fatigue. Clarifying the goals of the relationship so as not to create any false hopes or misunderstandings, partnering with respected community members to help facilitate the relationship, and offering something in exchange to minimize stakeholder fatigue, are all strategies discussed above.

Involving diverse communities in continuous quality improvement will require additional relationship-building with community partners. LACDMH could collaboratively work with UREPs to create a shared methodology for monitoring the effectiveness and relevance of services offered to UREP communities. A UREP community and LACDMH could develop mutually agreed upon key indicators as measures of results and progress. Clarifying how this data will be used to drive program improvement is essential and this requires that the development and provision of information are meaningful to both LACDMH and the communities it serves.

This project provides a practical example of how to utilize strategies that go beyond typical stakeholder processes. Collaboratively developed interviews and focus groups were used to evaluate and revise core program concepts essential to program planning and implementation. The core program concepts can now form the basis for collaboratively developed desired outcomes that get monitored as indicators for quality improvement.

Paying attention to all that is necessary to build effective and ongoing relationships with diverse community stakeholders is critical to making the promise of MHSA transformation real for underserved cultural communities. This relationship can build on initial outreach efforts made for program planning and grow to encompass implementation, evaluation and improvement.

Conclusion

The size and cultural diversity of Los Angeles County presents enormous challenges in providing services that are relevant, effective and of high-quality to all community members who could benefit from these services. Through developing more culturally relevant understandings of core program concepts of wellness, resilience and recovery, LACDMH has taken steps to improve and support communication, collaboration, respect and mutual understanding—and increase the relevance of its services to its community members.

The definitions that were developed in collaboration with community representatives provide valuable information to guide prevention and recovery services and future community engagement activities. The process to create these definitions can be followed with other communities and within sub-populations of diverse communities. Culturally focused constructions of wellness, recovery and resilience offer a window into what some communities in LA County value and what kind of services would best meet their needs and may provide a departure point for greater community collaboration in program planning, implementation and improvement.

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Appendix 1

Summary of Lessons Learned

The following charts summarize the lessons learned and actions that can be taken based on those lessons:

Recommendations	Applications	Actions Based on Lessons
Engagement	• Each UREP has a unique history and a unique view of mental health that must be taken into account. • Distinct populations should be addressed separately. • Communities are developing participation fatigue because they have been asked to provide their perspective in multiple forums and may not have seen any tangible results.	• Collaborate with community representatives to develop an understanding of the unique history of a community and its perspectives and experiences with mental health before embarking in broader outreach and engagement activities. • Engage each UREP group separately rather than all racial and ethnic populations simultaneously and engage distinct sub-populations of each UREP, to the extent allowed by available resources, to address some of the challenges that may arise due to the diversity of the populations involved. • When soliciting input, be as clear as possible about process, timelines, and what communities can expect as a result of their participation. Develop and communicate a clear plan for how the information gathered will be disseminated and then acted upon and utilized.

Recommendations	Applications	Actions Based on Lessons
Conducting Focus Groups	• Focus group facilitators should be respected community members. Focus groups should folow community-appropriate protocols for meetings. • A context must be established for focus groups - participants need to know the purpose, anticipated outcomes and how they might benefit from focus group participation. • The relationship needs to be reciprocal – something has to be offered to participants in exchange for their time and effort.	• Intentionally seek to make a focus group culturally appropriate and partner with trusted community members as facilitators to foster community participation. • Let potential focus group participants know the purpose and context of these meetings as well as potential outcomes and benefits. • Pay attention to reciprocity to foster continuity of the relationship instead of one-time encounters that might end in disappointment. Consider scheduling the focus groups at convenient times, providing compensation for time and transportation and providing food, child care, parking and communication about the outcome of the focus groups after they are completed.

Appendix 1 (cont.)

Recommendations	Applications	Actions Based on Lessons
Culturally Relevant Definitions of Wellness, Resilience and Recovery	• Members of ethnic communities indicate some commonalities in their conceptualizations of wellness, resilience and recovery. • Members of ethnic communities indicate that despite some commonalities, their concepts do differ from the definitions used by the mental health system. • Each sub-population and even individuals in a UREP have their own construction of these concepts. • Children and families have different constructions of wellness, resilience and recovery than adults and older adult	• Develop some general definitions or core elements that are to some extent widely applicable as a starting point for the development of services tailored to individual, family and community needs. • Confirm the relevance of these definitions to the community being served since there are variations in the construction of these concepts that can have significant implications for programming. • Refine definitions further to reflect the diversity of the sub-populations and individuals within each UREP. Seek a more specific meaning of these terms for sub-populations and for individuals and families being served to deliver client and family driven, culturally competent services. • Develop definitions of wellness, resilience and recovery for children and youth and for adults and older adults.

Appendix 2

Summary of Recommendations

The following is a summary of the additional recommendations presented in the report and applications of those recommendations:

Recommendations	Applications
• General definitions of wellness, resilience and recovery must be developed and customized at the individual, family and community levels to align with individual, family and community goals and values.	• Develop countywide definitions that incorporate findings from the UREP communities. • Adopt/refine UREP-specific definitions. • Develop/verify definitions for sub-populations within UREPs. • Seek individual/family understandings of these terms when providing services for them based on these concepts.
• Design prevention, early intervention and recovery services that are shaped by UREP-specific formulations of wellness, resilience and recovery.	• Develop wellness centers for communities that address their concepts of wellness, resilience and recovery. • Develop recovery and early intervention services for communities, individuals and families that incorporate their constructions of recovery and wellness. • Develop prevention services for communities, individuals and families that incorporate their constructions of wellness and resilience.
• Use stakeholder input for data-driven program planning, implementation, and continuous quality improvement in partnership with the racial, ethnic, linguistic and culturally diverse communities served.	• Clarify goals and address reciprocity and cultural differences to build an ongoing relationship with culturally and ethnically diverse stakeholders for program development, implementation, evaluation and improvement.

Appendix 3

Preliminary Definitions of Wellness, Resilience, and Recovery for Each UREP Based on Interviews with Cultural Experts

The standard constructions we presented to the cultural experts are listed below followed by the preliminary culturally relevant constructions for each UREP synthesized from the interviews with cultural experts:

Wellness

Source	Definition
World Health Organization	• Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one's role expectations in the family, community, place of worship, workplace and other settings.
African/African-American interviews	• Wellness is having a good education, financial stability, being connected and being able to help family and community, and having principles and values.
American Indian/Alaska Native interviews	• Wellness is being balanced, connected with family and community, spiritually connected, and having a strong cultural identity.
Asian/Pacific Islander interviews	• Wellness is being successful in key life areas: relationships, finances, community status, education, employment, family, and spirituality.
Eastern European/Middle Eastern interviews	• Wellness is having physical health, financial security, a good education, being spiritual, and having the support of and being able to serve family, friends and community.
Latino interviews	• Wellness is being able to support your family emotionally and financially, having family unity, and being respected, socially connected, spiritually grounded and able to give to others.

Resilience

Source	Definition
Counties	• The enduring ability of someone to recover from assaults to their person, whether physical, mental or emotional and, in the midst of that, maintain a sense of spirit and hope.
African/African-American interviews	• Resilience is being adaptable by having self-awareness, support, safety, and by working hard.
American Indian/Alaska Native interviews	• Resilience is being strong, being able to go through a lot, by having community and family support, spirituality, cultural identity, and a strong spirit.
Asian/Pacific Islander interviews	• Resilience is the ability to endure hardship through family and social support, spirituality, and hope.
Eastern European/Middle Eastern interviews	• Resilience is being able to endure and being strong by having hope, self-confidence, and the support of family, friends and community.
Latino interviews	• Resilience is being able to withstand losses and problems through hope, confidence, family and community support, spirituality, personal strength and a sense of dignity.

Appendix 3 (cont.)

Recovery

Source	Definition
LA County Department of Mental Health	• Recovery is an organizing principle for mental health services, programs, and supports that is based on consumer values of hope, choice, respect, cultural sensitivity, achieving meaningful roles, self-determination, acceptance, and healing. Mental health research has shown that people can and do fully recover, even from the most severe forms of mental illnesses. For recovery to take place, the culture of mental health care must shift to one that is based on self-determination and partnership of mental health clients in the system of care itself and community life including meaningful activity and gainful employment.
African/African-American interviews	• Recovery is overcoming obstacles and living life to the maximum possible through awareness, endurance, motivation, and having support of someone you can trust, being listened to and being understood.
American Indian/Alaska Native interviews	• Recovery is to gain mental, spiritual, social, and physical balance, spiritual connection and connection with family and community, through support, empowerment, respect, trust, and time.
Asian/Pacific Islander interviews	• Recovery is to regain a meaningful role in the community, meaningful relationships, and connection with family through community acceptance and support, hope, and trust.
Eastern European/Middle Eastern interviews	• Recovery is regaining the ability to function well and fulfill your responsibilities through the support of family, friends, and community, personal motivation, hope, trust, acceptance, respect from others, and God's will.
Latino interviews	• Recovery is to regain the ability to work, be with family, be of service, and to be symptom free, through hope, trust, self-awareness and partnership with helpers.

Appendix 4

Definitions of Wellness, Resilience, and Recovery for Each UREP Based on Focus Groups with Cultural Brokers

The culturally relevant constructions for each UREP and age group (children and families – CF, adults and older adults – AOA) developed from the focus groups are listed below. The information is presented by concept and then by UREP.

Organized by concept

Wellness

Source	Definition
African/African-American focus groups	• CF- Wellness is having a good balance of mind, body and spirit and having the skills to live a productive life through self-reliance and connection to others. • AOA-Wellness is having a place to live, a job, individually-defined financial stability, families working together and community support, through life-long educational opportunities, life skills, money management skills, support to build oneself and their community, spirituality, a safe home environment, healthy lifestyles and nutrition.
American Indian/Alaska Native focus groups	• CF- Wellness is being healthy physically, emotionally, in behavior and ideas; being connected in positive healthy relationships to all relations and urban and/or tribal community; being spiritually connected and having a strong cultural identity. • AOA-Overall wellness is being balanced in body, mind, and spirit, with connections to culture, spirituality, and community.

Appendix 4 (cont.)

Wellness (cont.)

Source	Definition
Asian/Pacific Islander focus groups	• CF- Wellness is to thrive, to be able to excel and find balance in key life areas: physical and mental health, education, cultural values, spirituality, finances, involvement in meaningful activities and connectedness with family, community, and culture. • AOA- Wellness is having a perfect concordance between mind and body and living happily in key life areas: relationships, finances, community status, education, employment, family, physical fitness and spirituality.
Eastern European/Middle Eastern focus groups	• CF- Wellness is having physical, social and emotional health to reach personal goals such as financial security, education and life skills, to find balance in acculturation, and to be able to develop personal and social values. • AOA- Wellness is having total health (mind, body, spirit), and comes from having all or a combination of the following: acculturation balance, access to learning, financial security, support of and being able to serve family, friends, and community.
Latino focus groups	• CF - Wellness is having emotional and physical well-being, support, family and community unity, education, good nutrition, and being respected, stable, whole, socially connected, spiritually and culturally grounded and able to function, focus on our strengths, and give to others. • AOA – Wellness is having physical and mental well-being, financial stability, emotional connection with family, and being respected, socially connected, spiritually grounded and able to function and give to others.

Resilience

Source	Definition
African/African-American focus groups	• CF-Resilience is the ability to be flexible, not give up, and sustain mental and physical safety for one's self. • AOA- Resilience is being able to bounce-back through acceptance of our brokenness, self-awareness, love for self, having the opportunity to give to others, being a prisoner of hope, having a safe place to live, creating partnerships in order to make a difference, being productive in our lives, and discovering our greatness.
American Indian/Alaska Native focus groups	• CF- Resilience is being able to endure and overcome life's challenges by having positive community and family support, motivation, cultural identity, adaptability and belief that you will overcome. • AOA – Resilience is bouncing back, overcoming and going beyond by having community and family support, faith in being able to bounce back, the ability to ask for help, adaptability, cultural identity, a strong spirit and hope.
Asian/Pacific Islander focus groups	• CF- Resilience is being able to bounce back, persevere and endure, through hope, resourcefulness, learning from one's experiences, being flexible and strong, having family and social support and self-confidence. • AOA- Resilience is the ability to bounce back, to be flexible and to face and deal with hardship through family and social support, spirituality, and hope.
Eastern European/Middle Eastern focus groups	• CF- Resilience is being able to endure life challenges by developing inner strength, self-confidence, hope, the support of family, friends and community, and recognizing the need to seek help. • AOA- Resilience is being able to endure, persevere, adjust, adapt, be flexible and maintain wellness by having hope, self-confidence, and the support of family, friends and community.
Latino focus groups	• CF- Resilience is being able to withstand losses and challenges through hope, optimism, perseverance, confidence, family and community support, mentors, spirituality, personal strength and a sense of dignity. • AOA- Resilience is being able to adapt to losses and problems and move forward through hope, confidence, family and community support, spirituality, personal and cultural strengths and a sense of dignity.

Appendix 4 (cont.)

Recovery

Source	Definition
African/African-American focus groups	CF- Recovery is a growth process where one learns tools to deal with obstacles through acceptance, awareness, endurance, motivation, and trusting oneself and others to obtain a better quality of life. AOA- Recovery is regaining what has been lost, including pride, dignity, and trust. It is to integrate successfully in society and achieve satisfaction through human interactions. It is stepping forward, facing life, a transformation. Core elements in recovery are: • trusting others • education • wanting to recover and having a plan • open communication and supportive age appropriate peer groups • increased social interaction • looking outside oneself and into society • acceptance • increased self worth • competent life coaches who can empower others • playfulness and creativity • love
American Indian/Alaska Native focus groups	CF- Recovery is a process, a personal journey to regain mental, spiritual, social, and physical balance, and reconnection with self, traditional ways, family and community. AOA – Recovery is an ongoing healing journey to regain and maintain mental, spiritual, social, emotional, and physical balance, by making connections with family members and community for support and empowerment and through self-respect, trust, spirituality and giving back.
Asian/Pacific Islander focus groups	CF- Recovery is about maximizing your potential and becoming accepted, more integrated and a contributing member in family and community through holistic healing, self-awareness, and finding balance. AOA- Recovery is an ongoing process to regain physical, social and mental functioning, becoming integrated in community, improving self-care and finding meaning in life through acceptance, support, hope, and trust.

Recovery (cont.)

Source	Definition
Eastern European/Middle Eastern focus groups	CF- Recovery is an internal process of change to regain physical, social and emotional health through the development of self-awareness, personal motivation, family, friends and community support. AOA- Recovery is the process of regaining the ability to function well, fulfill your responsibilities and achieve harmony, through personal motivation (spirituality, self-esteem) and the support of family, friends, and community.
Latino focus groups	CF- Recovery is to have the ability to work, be independent, be self-sufficient, be with family and be an active participant in life/community through acceptance, unconditional love, hope, trust, self-awareness of weaknesses and strengths, and partnership with professional support. AOA-Recovery is to engage in productive activity, be in family, be of service, to be able to cope with life challenges, and maximize one's potential, through hope, trust, self-awareness, cultural wisdom and partnership with helpers.

Appendix 4 (cont.)

Organized by UREP

African/African-American

Concept	Definition
Wellness	CF- Wellness is having a good balance of mind, body and spirit and having the skills to live a productive life through self-reliance and connection to others. AOA-Wellness is having a place to live, a job, individually-defined financial stability, families working together and community support, through life-long educational opportunities, life skills, money management skills, support to build oneself and their community, spirituality, a safe home environment, healthy lifestyles and nutrition.
Resilience	CF-Resilience is the ability to be flexible, not give up, and sustain mental and physical safety for one's self. AOA- Resilience is being able to bounce-back through acceptance of our brokenness, self-awareness, love for self, having the opportunity to give to others, being a prisoner of hope, having a safe place to live, creating partnerships in order to make a difference, being productive in our lives, and discovering our greatness.
Recovery	CF- Recovery is a growth process where one learns tools to deal with obstacles through acceptance, awareness, endurance, motivation, and trusting oneself and others to obtain a better quality of life. AOA- Recovery is regaining what has been lost, including pride, dignity, and trust. It is to integrate successfully in society and achieve satisfaction through human interactions. It is stepping forward, facing life, a transformation. Core elements in recovery are: • trusting others • education • wanting to recover and having a plan • open communication and supportive age appropriate peer groups • increased social interaction • looking outside oneself and into society • acceptance • increased self worth • competent life coaches who can empower others • playfulness and creativity • love

American Indian/Alaska Native

Concept	Definition
Wellness	CF- Wellness is being healthy physically, emotionally, in behavior and ideas; being connected in positive healthy relationships to all relations and urban and/or tribal community; being spiritually connected and having a strong cultural identity. AOA-Overall wellness is being balanced in body, mind, and spirit, with connections to culture, spirituality, and community.
Resilience	CF- Resilience is being able to endure and overcome life's challenges by having positive community and family support, motivation, cultural identity, adaptability and belief that you will overcome. AOA – Resilience is bouncing back, overcoming and going beyond by having community and family support, faith in being able to bounce back, the ability to ask for help, adaptability, cultural identity, a strong spirit and hope.
Recovery	CF- Recovery is a process, a personal journey to regain mental, spiritual, social, and physical balance, and reconnection with self, traditional ways, family and community. AOA – Recovery is an ongoing healing journey to regain and maintain mental, spiritual, social, emotional, and physical balance, by making connections with family members and community for support and empowerment and through self-respect, trust, spirituality and giving back.

Appendix 4 (cont.)

Asian/Pacific Islander

Concept	Definition
Wellness	CF- Wellness is to thrive, to be able to excel and find balance in key life areas: physical and mental health, education, cultural values, spirituality, finances, involvement in meaningful activities and connectedness with family, community, and culture. AOA- Wellness is having a perfect concordance between mind and body and living happily in key life areas: relationships, finances, community status, education, employment, family, physical fitness and spirituality.
Resilience	CF- Resilience is being able to bounce back, persevere and endure, through hope, resourcefulness, learning from one's experiences, being flexible and strong, having family and social support and self-confidence. AOA- Resilience is the ability to bounce back, to be flexible and to face and deal with hardship through family and social support, spirituality, and hope.
Recovery	CF- Recovery is about maximizing your potential and becoming accepted, more integrated and a contributing member in family and community through holistic healing, self-awareness, and finding balance. AOA- Recovery is an ongoing process to regain physical, social and mental functioning, becoming integrated in community, improving self-care and finding meaning in life through acceptance, support, hope, and trust.

Eastern European/Middle Eastern

Concept	Definition
Wellness	CF- Wellness is having physical, social and emotional health to reach personal goals such as financial security, education and life skills, to find balance in acculturation, and to be able to develop personal and social values. AOA- Wellness is having total health (mind, body, spirit), and comes from having all or a combination of the following: acculturation balance, access to learning, financial security, support of and being able to serve family, friends, and community.
Resilience	CF- Resilience is being able to endure life challenges by developing inner strength, self-confidence, hope, the support of family, friends and community, and recognizing the need to seek help. AOA- Resilience is being able to endure, persevere, adjust, adapt, be flexible and maintain wellness by having hope, self-confidence, and the support of family, friends and community.
Recovery	CF- Recovery is an internal process of change to regain physical, social and emotional health through the development of self-awareness, personal motivation, family, friends and community support. AOA- Recovery is the process of regaining the ability to function well, fulfill your responsibilities and achieve harmony, through personal motivation (spirituality, self-esteem) and the support of family, friends, and community.

Appendix 4 (cont.)

Latino

Concept	Definition
Wellness	CF- Wellness is having physical, social and emotional health to reach personal goals such as financial security, education and life skills, to find balance in acculturation, and to be able to develop personal and social values. AOA- Wellness is having total health (mind, body, spirit), and comes from having all or a combination of the following: acculturation balance, access to learning, financial security, support of and being able to serve family, friends, and community.
Resilience	CF- Resilience is being able to endure life challenges by developing inner strength, self-confidence, hope, the support of family, friends and community, and recognizing the need to seek help. AOA- Resilience is being able to endure, persevere, adjust, adapt, be flexible and maintain wellness by having hope, self-confidence, and the support of family, friends and community.
Recovery	CF- Recovery is an internal process of change to regain physical, social and emotional health through the development of self-awareness, personal motivation, family, friends and community support. AOA- Recovery is the process of regaining the ability to function well, fulfill your responsibilities and achieve harmony, through personal motivation (spirituality, self-esteem) and the support of family, friends, and community.

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